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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/578,946
	Filing Date	05-08-2006
	First Named Inventor	John SantaLucia
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DNASOFT-10963

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:

72960

 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

72960

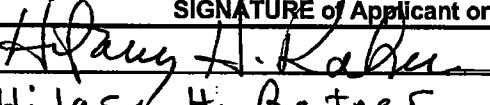
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Hilary H. Ratner		
Date	September 8, 2008	Telephone	313-577-5600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/> Firm or Individual Name			
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SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Donald A. Hicks		
Date	10/1/07	Telephone	734 678 0462

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AND
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Art Unit	
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OR Firm or
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Signature

Name

Donald A. Hicks

Date

10/1/07

Telephone

734 678 0462

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